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27581 7590 12/27/2007						
MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Drpester's name)
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			L_			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	. ,	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/085,072	03/01/2002		Bozidar Ferek-Petric		P-8158.02 DIVI	1422
TITLE OF INVENTION	: ISCHEMIC HEART E	DISEASE DETECTION				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/27/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
OROPEZA,	FRANCES P	3766	607-017000			
"Fee Address" ind	ondence address (or Che B/122) attached, ication (or "Fee Address 12 or more recent) attach	inge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty	• •		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
	Fronic, I	10.	Minneapolis, MN			
Please check the appropriate assignee category or categories (will not be printed on the patent):						
Advance Order	to small entity discount	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Dayment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1.3.2546 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature Typed or printed nam	Part	C Dowall		Date 28 Registration No	Feb (	)8
submitting the complete this form and/or suggest Box 1450, Alexandria, \ Alexandria, Virginia 223	d application form to the ions for reducing this bu 'irginia 22313-1450. DC 113-1450.	de USPTO, Time will vary rden, should be sent to the NOT SEND FEES OR (	e Chief Information Office COMPLETED FORMS T	vidual case. Any con cr. U.S. Patent and T O THIS ADDRESS.	iments on the amount of til rademark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.